


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90035 015 ***150.00

DOCUMENT # P03000156640 1. Entity Name LYDIA SNYDER, P.A.	
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Principal Place of Business 129 SECOND ST. N. ST. PETERSBURG, FL 33701	Mailing Address 129 SECOND ST. N. ST. PETERSBURG, FL 33701
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94059986



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 211 43rd AVE N Suite, Apt. #, etc.
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04192004 Chg-P CR2E034 (10/03)

City & State St. Petersburg FL	4. FEI Number 20-0515857	Applied For Not Applicable
Zip 33703	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Carol Y. Richardson, EA Street Address (P.O. Box Number is Not Acceptable) 5133 Central AVE City St Petersburg FL Zip Code 33710
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Y. Richardson, EA* DATE **4-19-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SNYDER, LYDIA 129 SECOND ST. N. ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lydia Snyder, PA* **4/19/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #